An Audit to Compare Irish and UK GP Consultation Rates

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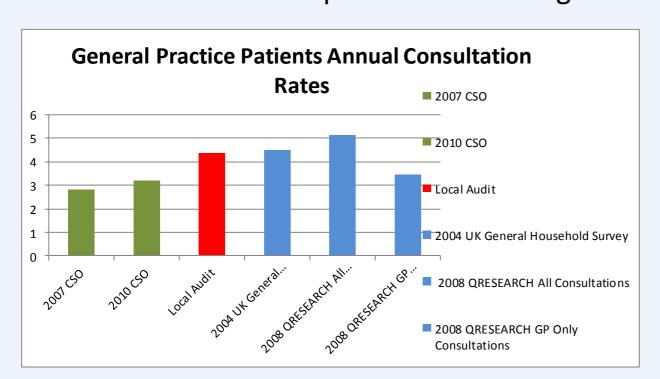
Background: Irish patient GP consultation rates have always been presented by the CSO as much lower than UK patient GP consultation rates. To examine this we performed a joint audit of the annual adult patient consultation rates in 2 practices which had a combined patient population of 11,372, of which 37.2% were GMS (national ratio 41.9%) and 29.5% of the GMS population in this study is aged over 70 (nationally 20%).

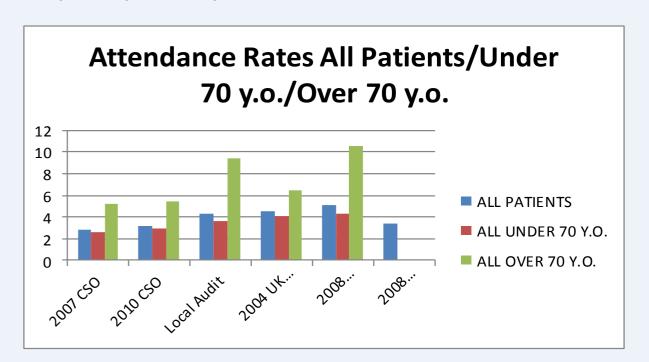
Settings: An urban practice in Dublin 12 and Red House Family Practice, Mallow, a mixed town/rural practice. **Total GMS population:** 4,232.

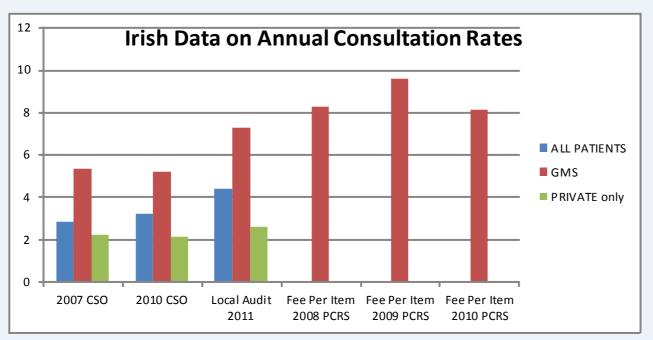
Estimated Private Population: 7,140 (unique private patient attendances/ 0.67; CSO QNHS Q.3 2007) **Clinical staff:** Five full-time GMS principles, 1.75 assistants/locums and four full-time practice nurses.

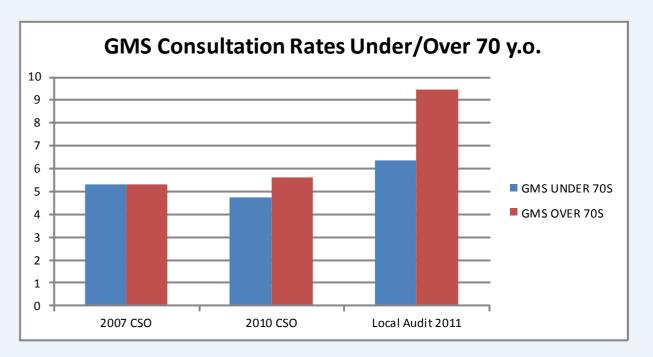
Method: We employed the same criteria as QRESEARCH*, 2004 UK General Household Survey** and the CSO for calculating clinic contacts in the year to 21/10/2011 either directly from the appointment list or telephone calls and domiciliary visits from estimation of the minimal rates. We did not include approximately 25,000 patient annual contacts such as telephone calls looking for results, repeat prescriptions or other administration.

Results:









Discussion: Despite not including the out of hours workload, we found that looking directly at GP records produced attendance rates and profiles that are very similar to UK data and differ greatly to CSO data.

Our all patient contact rate which counts visits to the GP or nurse, telephone consultations and domiciliary visits was 4.37 per patient per year (2010 CSO 3.2, 2007 CSO 2.8), not including 0.2 out of hours contacts.

Total private patient contact rate was 2.59 (2010 CSO 2.1 p.p.p.y.) and the total GMS contact rate was 7.24 per patient (2010 CSO 5.2, PCRS Fee Per Item 2008 8.26, 2009 9.59, 2010 8.1 p.p.p.y.), which is marginally more than the QRESEARCH rate of 5.1, but the difference would be accounted by the percentage of the QRESEARCH over 70 population being 11.84 per cent when in this two-practice study it is 29.6 per cent and the greater health needs assumed by virtue of our patients possessing a medical card.

Our rate of all annual consultations was 6.32 for our GMS under-70s, which is a population with much greater health needs than the UK equivalent age group that had a contact rate of 4.3 per person in 2009. The rate of all annual consultations for our GMS over-70s, and the GMS covers 95 per cent of the Irish population, is 9.44 versus the 10.6 annual attendance rates in the UK over-70s. The QRESEARCH rate being higher can be possibly explained by them having a slightly older patient profile in the over-70s then we have in our population.

This all suggests that CSO data greatly underestimates general practice workload and could be unreliable.

^{*}QRESEARCH is a UK database that has over 30 million person years of observation from 525 practices spread throughout the UK. Its data is produced by direct analysis of general practice records. The percentage of QRESEARCH population aged 70 years and over at 11.84 per cent closely mirrors English census data.

^{**2004} General Household Survey questioned 20,421 individuals, and the method of data collection was also a face-to-face interview where one of the questions posed was 'Did the person talk to their GP for any reason at all, either in person or by telephone during the previous two weeks (excluding telephoning for results)?'